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APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTORN	IEY DOCKET NO.	CONFIRMATION NO.
10/553,141	0/553,141 10/14/2005			Istvan Dobos			84.1008 1761		
TITLE OF INVENTION	: AUTOMATIC FLOW	ER-SEI	LLING EQUIPME	ENT					
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	,	\$720	\$300		\$0		\$1020	09/25/2008
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS					
COLLINS,	MICHAEL		3651	700-231000					
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	ND RESIDENCE DATA			•		•			
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified be	low, no assignee of this form is NO	data will appear on t	the pa	itent. If an assigno assignment.	ee is ider	tified below, the doc	ument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual Co	rporation	or other private grou	p entity Government
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	-			overpayment, to	Depó:	sit Account Number	r 19-	10 / U (enclose an	extra copy of this form).
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NOTE: The Issue Fee an nterest as shown by the i	d Publication Fee (if req records of the United Sta	uired) v tes Pate	vill not be accepted ent and Trademark	I from anyone other t Office.	han tl	he applicant; a regi	stered atte	orney or agent; or the	assignee or other party in
Authorized Signature	2-62	TL	_ ع					er 25, 200	., _, _

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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27,719

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3. ASSIGNEE NAME A							***				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Please check the appropr	riata assignee category o	· catego ri	es (will not be no	inted on the natent):	Individual D	ornorati	ion or other private gro	up entity Government			
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